

THE DISTRICT COURT OF OKLAHOMA COUNTY  
STATE OF OKLAHOMA

RANDY BLAKE PATTERSON,                     )  
   )  
   Plaintiff,                     )  
vs.   )  
   ) Case No. CJ-2015-5283  
NATIONAL BOARD OF MEDICAL                     )  
EXAMINERS,   )  
   )  
   Defendant.                     )

DEPOSITION OF WILLIAM DOOLEY, M.D.  
TAKEN ON BEHALF OF THE DEFENDANT  
IN OKLAHOMA CITY, OKLAHOMA  
ON AUGUST 31, 2016



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EXHIBIT

tabbies

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William Dooley, MD

August 31, 2016

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1 APPEARANCES	1 STIPULATIONS
2 FOR THE PLAINTIFF:	2 IT IS HEREBY STIPULATED AND AGREED BY and
3 STEVEN B. CLARK	3 between the parties hereto, through their respective
4 KATIE TEMPLETON	4 attorneys, that the deposition of WILLIAM DOOLEY,
5 Attorneys at Law	5 M.D., may be taken on behalf of the Defendant on
6 Clark & Mitchell, P.C.	6 August 31, 2016, in Oklahoma City, Oklahoma, by Jill
7 101 Park Avenue, Suite 210	7 Tucker Shaw, Certified Shorthand Reporter for the
8 Oklahoma City, Oklahoma 73102	8 State of Oklahoma, pursuant to Notice and agreement.
9 (405) 235-8488	9 IT IS FURTHER STIPULATED AND AGREED BY and
10 Katie@clarkmitchell.com	10 between the parties hereto, through their respective
11 FOR THE DEFENDANT:	11 attorneys, that all objections, except as to the form
12 AMY ALDEN	12 of the question and responsiveness of the answer, are
13 Attorney at Law	13 Reserved until the time of trial, at which time they
14 Miller Dollarhide	14 may be made at the time of the taking of this
15 210 Park Avenue, Suite 2550	15 deposition.
16 Oklahoma City, Oklahoma 73102	16
17 (405) 235-8130	17
18 Aalden@millerdollarhide.com	18
19 FOR THE WITNESS:	19
20 JENNIFER NEEDHAM	20
21 Attorney at Law	21
22 OU Health Sciences Center	22
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24 Oklahoma City, Oklahoma 73117	24
25 Jennifer-needham@outhsc.edu	25

1 (Pages 1 to 4)

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1 WILLIAM DOOLEY, M.D.,  
 2 being first duly sworn, deposes and says in reply to  
 3 the questions propounded as follows:  
 4 DIRECT EXAMINATION  
 5 BY MS. ALDEN:  
 6 Q. State your name, please.  
 7 A. William Chestnut Dooley.  
 8 Q. And, Dr. Dooley, what is your home address?  
 9 A. [REDACTED]  
 10 [REDACTED]  
 11 Q. What's your business address?  
 12 A. 920 Stanton L. Young, Suite 2140, Oklahoma  
 13 City, Oklahoma, 73104.  
 14 Q. Dr. Dooley, have you ever given a deposition  
 15 before?  
 16 A. Yes.  
 17 Q. So you are familiar with the process. I'll  
 18 ask you questions and you'll answer them.  
 19 A. (Witness nods head.)  
 20 Q. We'll try not to speak over.  
 21 A. Okay.  
 22 Q. And you nodded your head in response to my  
 23 last question. If I ask you to verbalize your  
 24 answer, it's because it makes it easier for the court  
 25 reporter and for all of us reading the transcript

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1 would be administrative and teaching capacities. The  
 2 University doesn't have expertise in this case. So I  
 3 don't think it's proper to ask that. But to the  
 4 extent he is asked an opinion question, that will be  
 5 his personal opinion, not the opinion of the  
 6 University. And I do not represent him in his  
 7 experience capacity.

8 However, the plaintiff was a student at the  
 9 University. So Dr. Dooley probably does have  
 10 knowledge of facts leading up to this case. And I  
 11 just wanted to clarify that. So I would object to  
 12 anything that is not factual.

13 MS. ALDEN: Okay.

14 Q. (BY MS. ALDEN) Anything that you want to  
 15 add to that in your personal capacity, Dr. Dooley?

16 A. I was told that I was named as an expert. I  
 17 never agreed to be an expert for anybody. So I'm  
 18 here as a factual witness, not an expert.

19 Q. Okay. I did not name you as an expert  
 20 witness. It's my understanding you are going to give  
 21 opinion testimony in this case. However, I  
 22 understand that your expert opinions are your  
 23 intellectual property. And so to the extent you are  
 24 willing to share them, great. And if you're not  
 25 willing to share them, I certainly understand that.

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1 later on to know exactly what it was that you said.  
 2 Okay?  
 3 A. Yes.  
 4 Q. If I ask you a question that you don't  
 5 understand or for whatever reason doesn't make sense  
 6 to you, would you ask me to rephrase it?  
 7 A. Okay.  
 8 Q. And otherwise, we'll take a break anytime  
 9 you would like to take one.  
 10 You are represented by counsel here today;  
 11 correct?  
 12 A. Yes.  
 13 Q. Ms. Needham?  
 14 MS. NEEDHAM: Yes.  
 15 Q. (BY MS. ALDEN) And tell me what you did to  
 16 prepare for the deposition today, if anything?  
 17 A. Nothing besides the telephone calls from  
 18 each side that were done a month or two ago.  
 19 MS. NEEDHAM: And Amy, my apologies. I  
 20 would, since you started out with that question, like  
 21 to make an announcement for the record as far as my  
 22 representation of Dr. Dooley.  
 23 I am in-house counsel for the University.  
 24 So I represent him in his employment capacity as long  
 25 as he's in the scope of his employment, which here

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1 But that will be up to you and Ms. Needham.

2 MR. CLARK: Let me interpose my own  
 3 statement and objection.

4 I advised counsel for NBME, Mr. Dawson, that  
 5 Dr. Dooley and Dr. Jones were not retained experts.  
 6 We had a lengthy discussion of whether they should be  
 7 designated experts under the federal rules to  
 8 technically comply. I don't think there's any real  
 9 dispute as to their role. If they have been "deemed"  
 10 experts, it was simply to qualify or to comply with  
 11 the very technical aspects of the federal rules.

12 So it's my understanding Mr. Dawson and I  
 13 had an agreement as to their role.

14 MS. ALDEN: And I'm not suggesting you  
 15 didn't have an agreement. I'm just saying to the  
 16 extent that Dr. Dooley has an expert opinion elicited  
 17 that he doesn't wish to share, I mean, I feel like I  
 18 have no ability to compel him to share intellectual  
 19 property that belongs to him. And if he isn't asked  
 20 to elicit such an opinion, then so be it. I'm just  
 21 saying I understand.

22 Q. (BY MS. ALDEN) How are you currently  
 23 employed, Dr. Dooley?

24 A. By the University of Oklahoma.

25 Q. In what capacity?

2 (Pages 5 to 8)

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1 A. The G. Rainey Williams Professor of Surgical  
2 Breast Oncology.

3 Q. So you are a member of the faculty of the  
4 University of Oklahoma College of Medicine?

5 A. Correct.

6 Q. How long have you been affiliated with the  
7 University of Oklahoma College of Medicine?

8 A. Since 2001.

9 Q. And what did you do before that?

10 A. I was on the faculty of the Johns Hopkins  
11 University School of Medicine.

12 Q. Have you been on the faculty of any other  
13 higher education institutions or colleges of  
14 medicine?

15 A. No.

16 Q. In your role as a member of the faculty at  
17 either Johns Hopkins or the University of Oklahoma  
18 Colleges of Medicine, has it been part of your  
19 responsibility to advise students who are  
20 participating in the National Resident Matching  
21 Program?

22 A. It's a routine part of my duties, yes.

23 Q. And can you tell me a little bit about what  
24 that experience looks like?

25 A. Usually, in the third year, as they're

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1 A. One, to write letters of recommendation for  
2 them, if requested. Two, when they have questions  
3 about residency training programs and what their  
4 capabilities might be for what would be a best match  
5 for them, to give some advice as to where they stand  
6 relative to their peers and what they might match --  
7 best match for, and what's within the scope of their  
8 likely matching and what's probably beyond the scope  
9 of their typically matching.

10 Q. Did you have any discussions with Randy  
11 Blake Patterson, the plaintiff in this case, about  
12 what was within the scope or beyond the scope of  
13 probability for him in terms of a residency match at  
14 any time?

15 A. Yes.

16 Q. Can you tell me about those conversations?  
17 A. Yes. He was in a lower percentile rank in  
18 his class, which made him not a good candidate for  
19 many surgical training programs. It is a level at  
20 which he probably could have gotten rotating  
21 internships, but not necessarily directly out of a  
22 surgical internship residency program.

23 Q. Can I stop you right there and ask you to  
24 clarify what you mean by that? You are kind of  
25 talking in a lingo that is foreign to me.

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1 approaching the fourth year, they begin to take the  
2 exams necessary and do the application process for  
3 residency application. And they will begin to look  
4 for letters of recommendation which then go into the  
5 matching program.

6 And once they complete their record for the  
7 matching program, interested programs that they're  
8 applying to get to decide who they want to interview,  
9 who they don't. And then after the interviews, the  
10 residency programs rank in order of their preference  
11 who they would like to have and the applying  
12 interns/residents do the same.

13 And then a computer program matches them up  
14 to make best matches, and that's the match system.  
15 Usually, they're told on the Ides of March of their  
16 fourth year.

17 Q. Okay. They're told whether or not they have  
18 achieved a match with a residency program?

19 A. And where it is. Up until that point, they  
20 have no idea of where they may be working as of July  
21 1 of that year after they graduate.

22 Q. In that process that you just described,  
23 what is your role in assisting students? Or at least  
24 as I understood you to say, you had a role in  
25 advising students through that process?

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1 A. Okay. Surgical training programs now mostly  
2 accept people, and expect to accept an intern class,  
3 who then will, over the span of the next five years,  
4 progress to finishing a surgical residency, passing  
5 the qualifying and certifying exams in surgery, and  
6 becoming board certified surgeons at the end of their  
7 residency. So they are making really a long-term  
8 commitment to somebody who they think has the  
9 capability of doing that.

10 For that reason, they tend to be competitive  
11 and tend to pick from the upper tier, the upper 50 or  
12 60 percent of the class. When you fall below that  
13 level, it's harder to match into a surgical program  
14 that's willing to make a commitment for a long period  
15 of time.

16 There are options for people who are  
17 interested in surgery who may fall below the level,  
18 which would normally match for a long surgical  
19 residency....

20 Q. Is that what's known as a categorical  
21 position?

22 A. Yes, those could be categorical positions in  
23 surgery, where there are institutions not making a  
24 commitment more than one to two years. Or rotating  
25 internships, which where you are not specified to a

3 (Pages 9 to 12)

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1 particular residency subspecialty, but then you can  
2 apply later to fill slots that become available.

3 People may start surgical residencies, and  
4 for illness/family, decide they are not interested in  
5 this and will switch specialties, and then gaps will  
6 appear in regular surgical training programs. And  
7 usually the pool they pick from is this pool that has  
8 been either categorical or rotating. And they pick  
9 somebody from that and make a longer commitment. Or  
10 they may make a commitment for a single year and, if  
11 they perform well, then extend that for a longer  
12 period.

13 Q. And before I asked you to stop and clarify,  
14 you were telling me that because Dr. Patterson was in  
15 the lower ranks of his class, it made him not a good  
16 candidate for many surgical training programs.

17 A. Correct.

18 Q. Continue with what you were saying about  
19 that, if you would.

20 A. Well, that means the major university  
21 programs, the bigger community hospital programs,  
22 would be looking for somebody with both higher  
23 medical school grades and higher board scores and  
24 higher scores on shelf exams for the various  
25 rotations, clinical rotations, than he had. So I had

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1 recommended to him that he consider categoricals --  
2 rotating internships, research -- as an alternative  
3 so he could take an exam again and get a higher score  
4 on it, something to fill the time, because not  
5 filling the time would make it harder to get into any  
6 kind of program, and look for programs that had  
7 recently been placed on probation or were in a  
8 probationary period about to come off, because  
9 usually those were not attractive to people who are  
10 in the upper half of a medical school class.

11 So he might get a chance for a program who  
12 would risk a slot on him if they were trying to get  
13 out of a marginal situation relative to the residency  
14 program.

15 Q. Do you know how many times Dr. Patterson  
16 participated in the residency match?

17 A. I know he -- or I believe that he  
18 participated at least twice.

19 Q. Do you know whether or not these discussions  
20 that you had with him took place before the first  
21 time he participated in the match, or would it have  
22 been subsequent to that? Do you know?

23 A. I believe I discussed with him before each  
24 of the two times that I was aware that he  
25 participated.

Page 15

1 Q. Do you know whether or not he followed that  
2 advice?

3 A. No.

4 Q. Have you ever been the program director of a  
5 residency program?

6 A. No.

7 Q. Are you involved in evaluating residency  
8 candidates for any residency programs?

9 A. Yes.

10 Q. Tell me --

11 A. Both at Hopkins and here.

12 Q. Tell me about your experiences at Hopkins  
13 and here at OU College of Medicine in evaluating  
14 prospective residency candidates.

15 A. I interview them when they come for the  
16 interviews. At neither institution did I participate  
17 in deciding who to interview, but I interviewed them  
18 and then the faculty meet -- all the faculty who have  
19 interviewed meet and discuss the -- how to rank them  
20 and then participate in a ranking in the order of  
21 which we would like to have them as our residents.

22 So I've done that at both institutions a  
23 total of 30 plus years.

24 Q. And has that been for surgical residencies?

25 A. Surgical residency -- general surgery

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1 residency.

2 Q. Any other specialty?

3 A. We had a surgical oncology training program  
4 at Johns Hopkins when I was there, a fellowship  
5 program. So I participated in that program. And I  
6 have not participated in -- for other residency  
7 programs.

8 Q. So everything has been related to surgical  
9 residency?

10 A. Yes.

11 (Defendant's Exhibit No. 1 was marked for  
12 identification purposes.)

13 Q. (BY MS. ALDEN) Okay. I'm going to hand you  
14 what's been marked as Exhibit 1 to your deposition.  
15 And this is a letter that we received from  
16 Dr. Patterson's counsel outlining what they expect  
17 your testimony to be at the trial of this matter, and  
18 so I want to ask you some questions about it.

19 If you'll look at the third full paragraph  
20 on that first page, it states that, "Dr. Dooley has  
21 stated he will testify that Randy Blake Patterson  
22 would have interviewed better than his grades perhaps  
23 indicated."

24 Is it your intent to give that testimony at  
25 the trial of this matter?

4 (Pages 13 to 16)



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1 I thought it was unlikely he would be interviewed,  
2 given his class rank.

3 **Q. Was there any other reason that you thought**  
4 **he might not be interviewed?**

5 A. Well, the residents who had reviewed his  
6 performance rotating on the service were not of a  
7 strong enough opinion that he would be a good fit  
8 with the other residents. And since they are going  
9 to be paired together for many years, we tend to  
10 watch out to make sure they believe the people we're  
11 choosing are going to be a good fit to work within  
12 the group and not be the odd person out or not mesh  
13 well with that group of residents.

14 **Q. You mentioned at the beginning of your**  
15 **deposition that you had, on previous occasions,**  
16 **visited both with plaintiff's counsel and with me.**

17 A. Sure.

18 **Q. Do you recall, in our conversation at least,**  
19 **saying that Dr. Patterson was viewed as a bit of an**  
20 **odd duck?**

21 A. Yes.

22 **Q. And you felt that you might have a rebellion**  
23 **on your hands if he was offered a residency position**  
24 **here at the University of Oklahoma?**

25 A. Correct.

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1 **Q. We talked about that, of course, he has to**  
2 **be offered an interview before he can be matched up**  
3 **with a program that would push him sufficiently.**

4 Are there other factors besides just grades  
5 that go into a program's decision to offer an  
6 interview to a prospective resident?

7 A. To get to the baseline of the interview, you  
8 need grades and national board scores, percentile  
9 scores. And the better ones like to see top scores  
10 taking the exam only once. You occasionally -- if  
11 somebody looks pretty good on paper, they can have a  
12 bad day and take the exam again and show much  
13 improvement and the people feel better about it.

14 That's always a concern though, because the  
15 rest of the residency is a series of standardized  
16 exams. So you want to get somebody who is going to  
17 be able to pass those exams actually and finish the  
18 residency.

19 **Q. What is your familiarity with**  
20 **Dr. Patterson's history of board scores? And by**  
21 **board scores, we're talking about the USMLE -- the**  
22 **various components of the USMLE; correct?**

23 A. Yes.

24 **Q. Tell me, what is your familiarity with**  
25 **Dr. Patterson's history of scores with the USMLE?**

Page 23

1 A. I don't have them immediately available to  
2 me, but I know that he struggled to pass the scores,  
3 particularly the part two.

4 (Defendant's Exhibit No. 2 was marked for  
5 identification purposes.)

6 **Q. (BY MS. ALDEN) I want to hand you what has**  
7 **been marked as Exhibit 2 to your deposition, and ask**  
8 **you if that's a type of document that you've seen**  
9 **before.**

10 A. Yes.

11 **Q. Can you tell us what it is?**

12 A. It's the transcript of scores from the  
13 USMLE.

14 **Q. And does it appear to be the transcript for**  
15 **Dr. Patterson?**

16 A. Yes.

17 **Q. Take a look at the transcript and then I'll**  
18 **ask you some questions about it.**

19 A. Yeah, I've looked at it.

20 **Q. It says that Dr. Patterson took the Step 1**  
21 **component of the USMLE in June of 2011. He passed**  
22 **with a score of 190, with a minute passing score**  
23 **being 188.**

24 In your experience, how does that -- what  
25 type of score is that?

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1 A. That's going to be in the lowest 20th  
2 percentile of students going into a surgical training  
3 program.

4 **Q. Looking at the USMLE Step 2, does it show**  
5 **when Dr. Patterson sat for the clinical skills**  
6 **portion of the USMLE?**

7 A. Yes. Clinical skills was on August 6, 2013.

8 **Q. And it shows a passing score; correct?**

9 A. Right.

10 **Q. Does it show that he ever took Step 2 CS at**  
11 **any other time?**

12 A. No.

13 **Q. And so therefore, it does not show that he**  
14 **had a failing score on the Step 2 CS, does it?**

15 A. No.

16 **Q. But if you will look at the step 2 CK, it**  
17 **says that he sat for that portion of the exam on**  
18 **December 22, 2012, and achieved a failing score;**  
19 **correct?**

20 A. Correct.

21 **Q. Do you know whether or not that failing**  
22 **score was reported prior to Dr. Patterson's first**  
23 **time participating in the match?**

24 A. I don't remember the dates specifically.

25 **Q. Okay. Would that -- and let me -- in**

6 (Pages 21 to 24)

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1 fairness to Dr. Patterson, he then took it again and  
2 passed it; correct?

3 A. Marginally, yes.

4 Q. Okay. That would be --

5 A. Not a high score, but partial pass.

6 Q. Okay. Would the initial failing score be a  
7 negative mark for residency programs considering  
8 Dr. Patterson?

9 A. It would be. And it could really only be  
10 overcome by a pretty remarkable high pass score the  
11 second go-round, that he just had a bad day or  
12 something. But a marginal pass doesn't help you very  
13 much. You need to score really dramatically higher.

14 Q. Okay. If Dr. Patterson had had something  
15 else as part of his package in addition to the  
16 failing score and the marginal score, would that have  
17 made it more probable that he would have been  
18 interesting to a surgical residency program, in your  
19 experience?

20 A. It's difficult to overcome these cluster --  
21 his class rank plus this. But performance and  
22 research and publications and that sort of thing  
23 might have convinced somebody to risk.

24 But again, it would be not one of the upper  
25 tier programs. It would be a program who needed to

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1 stellar experience in the gap year, that would fall  
2 on Dr. Patterson, wouldn't it?

3 A. Yes.

4 Q. I want to take another look at Exhibit 1, if  
5 you would. Again, it's the third full paragraph and  
6 it says, "The gap year as a result of failing the  
7 USMLE CS2 exam likely caused Dr. Patterson to be  
8 excluded from some interviews in his second  
9 application for a match."

10 Is this an opinion or opinions which you  
11 intend to give at the trial of this matter?

12 A. His class rank plus USMLE failure in  
13 combination probably led to exclusion from some  
14 interviews.

15 Q. You don't know with any amount of certainty,  
16 do you?

17 A. No. But from many years of sitting on  
18 committees reviewing these applications, it would  
19 have likely fallen well below the level of even  
20 inviting somebody for an interview.

21 Q. And in reference to the gap year, I just  
22 want to make sure we are talking about the same  
23 thing. I'm going to represent to you that  
24 Dr. Patterson participated in the match for the first  
25 time in 2013.

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1 take some risks to fill a slot because they were  
2 short of people.

3 Q. Do you have any awareness as to whether or  
4 not Dr. Patterson did anything to sort of make  
5 himself competitive for those lower tier programs  
6 that you mentioned?

7 A. I believe he was working on school public  
8 health for a period of time when he didn't match the  
9 first time before he tried the second go-round, as I  
10 remember.

11 Q. Does that rise to the level of an experience  
12 that would make it likely that he would --

13 A. He would need a --

14 Q. -- get a surgical residency?

15 A. He would need a stellar performance and  
16 overwhelmingly positive reviews of that performance  
17 to be able to overcome.

18 Q. Would it make a difference if he enrolled  
19 for a Master in Public Health, but did not receive a  
20 Master degree and instead got a Certificate in Public  
21 Health?

22 A. That probably would not rise to the level of  
23 counteracting the negative from his class rank plus  
24 the board scores.

25 Q. And the responsibility for getting that

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1 A. Okay.

2 Q. When you are talking about a gap year, are  
3 you talking about the year from the time that he did  
4 not match in 2013 around to the second time he  
5 participated in the match in 2014?

6 A. It would be a gap year between the fourth  
7 year of medical school and starting residency. You  
8 should graduate medical school and start a residency  
9 within a few months. So a gap year is anytime beyond  
10 that year.

11 Q. Okay. I'm glad I asked.

12 Do you have -- and you may have already said  
13 this, but I want to be clear. Your view is that  
14 Dr. Patterson's gap year was caused not only by a  
15 failing USMLE CS2 score, but also his low grades?

16 A. Correct.

17 Q. Now, I know that this letter says USMLE CS2.  
18 And does that to you mean clinic skills?

19 A. That would be what I would interpret CS2.  
20 And it was the clinical knowledge test that was the  
21 issue.

22 Q. And so he doesn't have a failing score for  
23 clinical skills; correct?

24 A. No.

25 Q. And does it appear to you that during the

7 (Pages 25 to 28)

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1 time he would have been participating in the 2013  
2 match, he had only a failing score on the clinical  
3 knowledge; correct?

4 A. Correct.

5 Q. And so when you are talking about a failing  
6 score, you are referring to the clinical knowledge  
7 component?

8 A. Right. Specifically for any -- I'd be  
9 talking about any of them, failing any of them, as a  
10 negative thing. In his case, it is the clinical  
11 knowledge score.

12 Q. And so the fact that he didn't have a CS  
13 score is not what you are referring to?

14 A. No.

15 Q. Okay. Do you have any knowledge about what  
16 programs Dr. Patterson applied to for his second  
17 application for a match?

18 A. I don't remember which time he applied for.  
19 I know that I heard applications to Stanford and some  
20 really top notch programs, which would have been  
21 difficult for somebody in the top 15 percent of the  
22 class here, not somebody in the bottom.

23 So I thought the list of programs was  
24 weighted very heavily to programs that were well  
25 beyond his capabilities of getting an interview or

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1 necessarily be asking them to commit to him for a  
2 five-year residency, but try me out and I'll work  
3 hard and then hopefully then sell myself to either  
4 that program or other programs later.

5 Q. And do you know whether or not he followed  
6 that advice?

7 A. I don't remember seeing a full list of  
8 everything he tried to match for, but my impression  
9 was he was trying -- weighing it much heavier toward  
10 programs that he had little to no chance.

11 Q. Would that be consistent with your  
12 impression that he lacked self awareness?

13 A. Correct.

14 Q. And you are not stating that there is any  
15 specific program that you are aware of who declined  
16 to interview him because of the fact he had a gap  
17 year, are you?

18 A. I have no specific knowledge of that.

19 Q. And the same would be true, you don't have  
20 any specific knowledge that any particular program  
21 just disqualified him from residency because of his  
22 gap year?

23 A. I have no knowledge of that.

24 (Defendant's Exhibit No. 3 was marked for  
25 identification purposes.)

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1 even remotely being a resident.

2 Q. In your experience, is it important for the  
3 fourth year medical students who are attempting to  
4 get into residency to have a realistic appreciation  
5 of what they might be capable of achieving in terms  
6 of a residency?

7 A. Absolutely. This is just like colleges.  
8 You want to have some that are sure bets, and you can  
9 pick a few to try to sell yourself to that are beyond  
10 sure bets, but you need some backup programs. So you  
11 need a spectrum of programs to match at and to try to  
12 match. So you definitely need some. And his target  
13 had to be fairly low for him to be reliably matched.

14 Q. And did you have -- and again, I may be  
15 asking this -- it may be the same question and asking  
16 it a little different way.

17 Did you have an impression, back during the  
18 time when you were talking to Dr. Patterson, about  
19 whether or not his expectations were realistic for  
20 his medical school performance and board scores?

21 A. We had some pretty serious discussions about  
22 his expectations and his desires not matching his  
23 direct likelihood of getting into a program, which is  
24 why I encouraged community surgical programs that had  
25 been on probation and programs where he wouldn't

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1 Q. (BY MS. ALDEN) I'm handing you what has  
2 been marked as Exhibit 3 to your deposition. And  
3 I'll ask you to look through that stapled packet of  
4 documents, if you would.

5 A. Okay. Yes.

6 Q. And I will represent to you that these are  
7 documents that were produced by the University of  
8 Arkansas in response to a subpoena in this case.

9 Do these appear to you to be -- let me ask  
10 you this. You talked earlier about in your  
11 experience in evaluating prospective residents, you  
12 were involved in ranking residents who were  
13 interviewed.

14 A. Correct.

15 Q. Do I understand that correctly?

16 A. Yes.

17 Q. And did you guys -- you said you met -- as a  
18 committee, you met.

19 Did you make notes when you visited with  
20 prospective candidates?

21 A. Yes. We have a standardized ranking form  
22 that the faculty do and write comments. Plus, the  
23 residents who usually go to dinner the night before  
24 with them or take them on tours around the hospital  
25 and answer questions also put in comments as well.

8 (Pages 29 to 32)



William Dooley, MD

August 31, 2016

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1 Q. There's a screening process someplace. And  
2 the presence of a gap year before anybody actually  
3 looks at physical records shows up in that screening  
4 process; true?

5 A. It does. It's the cause for the gap that's  
6 the hurdle, not the gap. Again, I'm giving you an  
7 example of students at Hopkins that got very inspired  
8 by doing research -- summer research in their time  
9 off medical school regular classwork and got very  
10 enthused about it and decided to do gap years in a  
11 very powerful research lab and were very productive.  
12 That doesn't hurt them at all.

13 So it's the cause of the gap year that's the  
14 issue, not the fact that you have a gap year. It's  
15 the underlying cause of the gap year.

16 Q. A student from medical school like the  
17 University of Oklahoma has a much better chance of  
18 getting a match than a student from Grenada or  
19 Guadalajara Medical School; true?

20 A. Typically.

21 MR. CLARK: That's all. Thank you, Doctor.

22 MS. ALDEN: I don't have any other further  
23 questions.

24 I do need to tell you that you have the  
25 ability to read and sign your deposition and look to

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1 CERTIFICATE

2 STATE OF OKLAHOMA )

) SS:

3 COUNTY OF OKLAHOMA )

4 I, JILL TUCKER SHAW, C.S.R. for the State of  
5 Oklahoma, certify that WILLIAM DOOLEY, M.D., was by  
6 me sworn to testify the truth; that the deposition  
7 was taken by me in stenotype and thereafter  
8 transcribed and is a true and correct transcript of  
9 the testimony of the witness; that the deposition was  
10 taken on August 31, 2016, in Oklahoma City, Oklahoma;  
11 that I am not an attorney for or a relative of either  
12 party, or otherwise interested in this action.

13 Witness my hand and seal of office on this,  
14 the 6th day of September, 2016.  
15

16 JILL TUCKER SHAW, C.S.R.  
17 Oklahoma Certified Shorthand Reporter  
Certificate No. 01459  
Expiration Date: December 31, 2016  
18  
19  
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22  
23  
24  
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1 make sure the court reporter took everything down or  
2 that you were --

3 THE WITNESS: She's going to review it for  
4 me and tell me if I need to change anything.

5 MS. NEEDHAM: I have asked for an e-mail  
6 copy.

7 THE REPORTER: So is he going to read and  
8 sign?

9 MS. NEEDHAM: He can waive that.

10 THE WITNESS: Yeah, I'm fine.

11 (Signature waived; witness excused;  
12 deposition concluded at 10:15 a.m.)  
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12 (Pages 45 to 47)